
MONITORING INFORMATION/FELONY CONVICTION

If you are currently incarcerated, on parole, probation, or under court supervision as a result of a felony, a parole officer, community corrections officer, or court services officer must complete this second page.

1. Name of Applicant: _____

LastFirstMiddle
2. How long have you known the applicant: _____
3. Has the applicant fully disclosed his/her criminal record to the Kansas Board of Cosmetology? _____

4. Was the applicant the principal participant or an accessory? _____
5. Was the crime premeditated or spur of the moment? _____
6. Were there damages or injury to the victim(s)? _____
7. Did the applicant make restitution to the victim(s)? _____
8. What has the applicant done since the crime to become a law-abiding and productive member of society? _____

9. In your opinion, please explain whether the applicant poses a threat to the public's safety? _____
(if you need additional room, please attach a second page)
10. In your opinion, please discuss whether the applicant is fit for licensure? _____

Should you have any questions regarding this information, feel free to contact the Kansas Board of Cosmetology at (785) 296-3155. Upon completion, please return to the Kansas Board of Cosmetology at 714 SW Jackson, Suite 100, Topeka, KS 66603.

Name of Official Completing Form

Date

Title

Phone Number

Address

E-mail Address

City, State, Zip